

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004290

STATE FILE NUMBER

AMENDED

Registration No. 318

Primary Registration District No. 1003

Registrar's No. 221

FILED JAN 11 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS,		c. CITY OR TOWN ST LOUIS,	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEPAUL HOSPITAL		d. STREET ADDRESS (If outside, give location) 8525 ORIOLE AVE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First KATHRYN Middle NEWPORT Last		4. DATE OF DEATH Month JAN, 5, 1962 Day Year	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/19/1888
9. AGE (last birthday) 73		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) ST LOUIS MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ALBERT FRIES		13b. MOTHER'S MAIDEN NAME ANNA UNKNOWN	
14. NAME OF HUSBAND OR WIFE JOHN B.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Address BERNICE HUNT 3214 GEITZ EAST ST LOUIS ILL	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Carcinoma Colon</i> DUE TO (c) <i>153.8</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 mos.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Aug 1961</i> to <i>1-5-62</i> and last saw her alive on <i>1-5-62</i> Death occurred at <i>5:30 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John Z. Shaner M.D.</i> (Degree or title)		22b. ADDRESS <i>Northland Med. Bldg</i>	
22c. DATE SIGNED <i>1-6-62</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE <i>1/8/62</i>		23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
23d. LOCATION (City, town, or county) ST LOUIS MISSOURI		23e. DATE RECD. BY LOCAL REG. JAN 8 1962	
24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NATURAL BRIDGE		25. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>	

Phaner
no. 1111
56010

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.